

NATIONAL CAPITAL AREA RECOMMENDED PEDIATRIC IMMUNIZATION SCHEDULE 2006 (REVISION #1 May 2006)

	COMVAX GROUP SCHEDULE								PEDIARIX GROUP SCHEDULE	
Pediatric Immunization	Comvax ® (Hib/ Hep B)	DTaP Diphtheria, Tetanus, And Pertussis	Polio IPV	Hepatitis A	MMR Measles, Mumps, Rubella	Varicella Chickenpox	Rotavirus Rotateq® Oral Vaccine See *** below	Prennar ® Pneumococcal conjugate	Pediarix® DTaP, IPV, Hep B	Hib Haemophilus B (PedvaxHIB®)
					ProQuad®					
2 Months	1	1	1				1	1	1	1
4 Months	2	2	2				2	2	2	2
6 Months		3	3				3	3	3	
12 Months	3			1	1	One dose 1-12 yrs		4		
15-18 Months		4		2 2 nd dose 6-18 months after 1 st dose.					(need DTaP # 4 and #5)	One shot after 1 st birthday 3
4-6 Years	All teens need 3 Hep B shots if they haven't already been received.	5 Given after 4 yrs	4 Given after 4 yrs		2			Children 7-11 months who have never received Prevnar® may receive 3 shots.	*You can receive either Pediarix® or Comvax® but not both	
11-18 Years		Tdap (Adacel®) (Boostrix®-10-18 years)			Given at 4-6 or at 11-12	Children >13 yrs need 2 doses.	Menactra ® Meningococcal 1	Children 12-23 mo should receive 2. 24 mo-9yrs only need 1.		

*Flu vaccine every year after 6 months of age

**At birth receive isolated Hep B vaccine (RECOMBIVAX HB®/ENGERIX-B®).

***Rotateq®: First dose needs to be started at 6-12 weeks and full series of three vaccines completed by 32 weeks of age (approx. 7 ½ months)

IMMUNI THE PANDA SAYS, "STAY HEALTHY, GET IMMUNIZED"